

Summary of Changes – SFY 2017

Consumer Page

- When adding a consumer record, DARMHA will validate that the Internal ID and the Medicaid ID are not duplicated within your agency.
- **New Field: Primary Language** - What is the consumer's primary language? (Select from language dropdown list – see last page – English is default)
- **New Field: Not English** - If not English, does the consumer's ability to communicate in English interfere with his/her ability to be understood or to understand others communicating in English?
() Yes () No () Not Applicable (NA – will be for consumer records that are being updated and when English is the primary language. It will not be available when creating new consumers if English is not the primary language.

Episode Page

- The designees can edit the episode start date and DSC start date one time within 30 days after the record submission. The dates cannot be more than 30 days past. Additional records within the episode have to be dated on or after the episode start date. (Function not available for a simple episode.)
- **New Field: Insurance History** - When you submit new data for the insurance field you will need to provide a date - the insurance type start date. The first insurance type date will default to the episode start date.
- A new episode cannot be dated more than six months in the past.
- Consumer Disability – Changed label of option 3 from MR/DD to Intellectual Disability / Developmentally Disabled

Diagnosis Page

- The ICD header codes will not be accepted after 6/30/2016.
- Specialized Treatment field - Use Option: Medication-Assisted Opioid Therapy – when the use of opioid medications such as methadone or buprenorphine will be part of the consumer's treatment plan. Can be used with all agreement types. (Note: this was Opioid Treatment)

CANS and ANSA Assessment Changes

- We are adding the SuperUser database to DARMHA. SuperUser Booster information will be available in DARMHA.
- Birth to Five Certification Validation – In order to use this tool, the clinician needs to be certified for the tool.
- Algorithm Label Change for DCS placement labels
- Label change for one item: Disruptions in Childgiving/Attachment Losses **to** Disruptions in Caregiving/Attachment Losses

- Designees will be allowed to change the following for staff (email address, phone number, internal ID, and reactivate Clinician Only). Note – First name and last name is used to match Praed Foundation data.

NOMS Page

- All consumers must have an answer to the Primary drug questions. There will not be a “Not Applicable” anymore. There will be a “None.” CA agreement type cannot say “None” to the primary drug questions, except if it is a consumer with gambling addiction.
- Consumer Education Level - Removing options 17 and 18 and adding option 70 – Graduate or Professional School
- Social Support (added new verbiage - bolded)
 - 2 = No attendance in the past month
 - 2 = **Less than once a week** - 1-3 times in past month
 - 3 = **About once a week** - 4-7 times in past month
 - 4 = **2 to 3 times a week** - 8-15 times in past month
 - 5 = **At least 4 times a week** - 16-30 times in past month
 - 6 = Some attendance in past month, but frequency unknown

Encounter Changes

- In order to be counted as a CA consumer in Performance Measure numbers, the consumer must have substance abuse service encounters.
- **New Field: Location ID** – DMHA will provide a list of your facilities with the Location IDs.
- **New Field: Location Type** – Options are At Facility, School-Based, Home-Based, Out in the community and At a Sub-contractor.
- **New Field: Main Service Setting Code** (2 digit number) Describes the main service setting a consumer is in on the day of the encounter. Each time you submit an encounter you need to send in the main service setting for that day. You should use the highest appropriate fed code. Required Field for CA Consumers. (Examples below)

Fed Code Priority (01 being the highest priority)	Main Service Setting Description
01	DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT – 24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal
02	DETOXIFICATION, 24-HOUR SERVICE, FREE-STANDING RESIDENTIAL – 24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment
03	REHABILITATION/RESIDENTIAL — HOSPITAL (OTHER THAN DETOXIFICATION) – 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency
04	REHABILITATION/RESIDENTIAL — SHORT TERM (30 DAYS OR FEWER) – Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency
05	REHABILITATION/RESIDENTIAL— LONG TERM (MORE THAN 30 DAYS) – Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; may include transitional living arrangements such as halfway houses
06	AMBULATORY— INTENSIVE OUTPATIENT – At a minimum, treatment lasting two or more hours per day for 3 or more days per week (includes partial hospitalization)
07	AMBULATORY — NON-INTENSIVE OUTPATIENT – Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies
08	AMBULATORY — DETOXIFICATION – Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

Examples:

- On 3/1/2016 you submit the following codes:
 - Code 81005 – Urinalysis (Fed Code – 07)
 - Code 90837 – Psychotherapy, 60 minutes (Fed Code – 07)
 - Code 90853 – Group Psychotherapy, not multiple family (Fed Code – 07)
 - Code H0180 – Hospital Detoxification (Fed Code – 01)

The Main Service Setting for this day would be **“01”** – Detoxification, 24-Hour Service, Hospital Inpatient. This code would be in each of the encounters for the day. Note: Each service would have the DMHA Location ID where the service was provided. The DMHA Location ID codes may be the same or different for all the encounters in a day.

- On 3/17/2016 you submit the following codes:
 - Code H0015 – Intensive Outpatient Treatment (Fed Code – 06)
 - Code H2014 – Skills Training and Development (Fed Code – 07)
 - Code H0034 – Medication Training and Support (Fed Code – 07)

The Main Service Setting for this day would be **“06”** – Ambulatory – Intensive Outpatient. This code would be in each of the encounters for the day. Note: Each service would have the DMHA Location ID

where the service was provided. The DMHA Location ID codes may be the same or different for all the encounters in a day.

Language ID	Language Name
1	English
2	Spanish
3	Arabic
4	Armenian
5	Chinese
6	French
7	German
8	Greek
9	Gujarati
10	Hebrew
11	Hindi
12	Hmong
13	Italian
14	Japanese
15	Khmer
16	Korean
17	Laotian
18	Navajo
19	Persian
20	Polish
21	Portuguese
22	Russian
23	Serbo-Croatian

24	Tagalog
25	Thai
26	Urdu
27	Vietnamese
28	Yiddish
29	Other